

### **Remarks**

Prior to entry of this amendment, claims 1-40 were pending of which claims 16-19, 24-28, and 33-38 are withdrawn as being directed to non-elected subject matter. Thus, claims 1-15, 20-23, 29-32, 39 and 40 were under examination and subject to final rejection.

By this filing, claims 1 and 9 are amended; each of these amendments finds support in the specification and claims as originally filed. In addition, new claim 41 is added; the language of new claim 41 also finds support in the specification and claims as originally filed, for instance at page 15, line 22 and original claim 27. After entry of this amendment, **claims 1-41 are pending.**

### **Acknowledgement of Withdrawn Rejections**

Applicants thank the Examiner for acknowledging that the response filed October 20, 2008, overcame the rejections based on Henderson *et al.* and Gale.

### **Rejection under 35 U.S.C. §112, second paragraph**

Claims 1-15, 20-23, 29-32, 39 and 40 were rejected because use of the term “associated” in claim 1 allegedly rendered that claim and all claims dependent therefrom indefinite. Applicants do not concede that the term “associated” renders claim 1 (and claims dependent therefrom) indefinite. However, solely in order to advance prosecution in this matter, Applicants have amended claim 1 to remove the word “associated”. Thus, claim 1 now begins “A method for treating a subject having a cardiovascular condition...,” which language is clearly supported throughout the specification including in the title of this application. This language is clear and definite, and the metes and bounds of claim 1 (as well as those claims dependent therefrom) are therefor definite. Applicants request withdrawal of the rejection under §112, 2<sup>nd</sup> paragraph.

### **Rejection under 35 U.S.C. §102(b)**

Claims 1-4, 9, 11, 13, 20, 29-32 and 40 were rejected as allegedly anticipated by Zapol (WO 94/00180). Applicants traverse.

The Office alleges that Zapol inherently anticipates Applicants’ claimed invention because the reference “discloses use of NO or a source thereof for the purposes of manufacturing a medicament for

use in therapy to decrease or prevent contraction of a smooth muscle in a hollow organ, such as an eye . . . by introducing an effective amount of NO...” and that Zapol’s definition of “a source thereof” at page 16, line 33 includes inorganic nitrite (NO<sub>2</sub>), which allegedly is not acidified. Further, the Office alleges that Zapol uses the “same effective amount of nitrite” as Applicants’ amount(s).

To be anticipatory, a single prior art reference “must disclose each and every feature of the claimed invention, either explicitly or inherently. (See, for example, *Eli Lilly & Co. v. Zenith Goldline Pharms., Inc.* 471 F.3d 1369 (Fed. Cir. 2006)). In addition, the “prior art reference must enable one of ordinary skill in the art to make the invention without undue experimentation.” *Impax Laboratories, Inc. v. Aventis Pharmaceuticals Inc.*, No. 2007-1513 (Fed. Cir. Oct. 3, 2008) In analyzing whether a prior art reference requires “undue experimentation,” one must consider “(1) the quantity of experimentation; (2) the amount of direction or guidance present; (3) the presence or absence of working examples; (4) the nature of the invention; (5) the state of the prior art; (6) the relative skill of those in the art; (7) the predictability or unpredictability of the art; and (8) the breadth of the claims.” *Id.*, citing *In re Wands*, 858 F.2d 731, 737 (Fed. Cir. 1988).

#### *Zapol Does Not Enable Applicants’ Claimed Invention*

One of ordinary skill would have been forced to undertake undue experimentation to use “inorganic nitrite” for any treatment purpose, based on the teachings of Zapol and knowledge in the art at the time of Applicants’ filing. No one, reading Zapol, would have been able to carry out Applicants’ claimed invention without undue experimentation.

Zapol provides no direction or guidance whatsoever for carrying out any therapeutic methods using an inorganic nitrite. In contrast to the allegation of the Office (that Zapol uses the “same effective amount of nitrite” as Applicants’), there is no teaching in Zapol of **any** therapeutic dosages of any inorganic nitrite – at best, Zapol provides some guidance for how to use nitric oxide (NO) gas (see, e.g., page 3). There is no guidance in Zapol (or any other reference on record) that would allow anyone to extrapolate from Zapol’s scant teaching about NO gas doses to appropriate doses of an inorganic nitrite – either in Zapol’s methods, or in Applicants’ clearly different methods. In addition, at the time of Applicants’ filing, there was **no** existent mechanism known that could convert nitrite into

NO under normal physiological conditions (that is, normal pH and normal oxygen level) in the presence of hemoglobin and blood. That had to await Applicants' discovery.

There are no working examples in Zapol using inorganic nitrite—in fact, there are **no working examples** of any therapeutic treatment of **any** sort with any compound in Zapol.

The only mention of “inorganic nitrite” anywhere in Zapol is at page 16, line 33 through page 17, line 8. This teaching is **solely** in the context of “an aqueous solution... which is sealed inside [a delivery] device prior to [its] implantation into the target organ.... Organs appropriate for treatment with the methods and devices of the [Zapol] invention are ones... bathed with a non-biochemical fluid... which fluid preferably contains no more than trace amounts of red blood cells.”

It would have taken undue experimentation for anyone to develop any treatment methods using inorganic nitrites based on the teachings of Zapol, and thus the reference is not enabling for Applicants' claimed invention. Certainly there is no enabling teaching in Zapol for methods of “treating a subject having a cardiovascular condition, comprising administering to the subject a non-acidified pharmaceutically-acceptable salt of nitrite for a sufficient period of time to induce vasodilation and/or increase blood flow in the subject thereby treating the subject, wherein the administration is by a route whereby the pharmaceutically-acceptable salt of nitrite contacts blood in the subject, and the route is selected from the group consisting of intravenous injection, intramuscular injection, buccal, rectal, *ex vivo*, intraperitoneal, intravenous, intraarterial, subcutaneous, inhalation, intramuscular, and into a cardiopulmonary bypass circuit”, as recited in Applicants' current claim 1.

Undue experimentation also would be required to practice the embodiments in Applicants' dependent claims. For instance, there is no teaching in Zapol that would enable one to carry out a method of treating a cardiovascular condition in the presence of hemoglobin (Applicants' claim 2), particularly in view of Zapol's explicit prohibition to allowing NO to come in contact with hemoglobin (see arguments below). Similarly, Zapol does not teach the other limitations found in Applicants' other dependent claims.

Given that Zapol is not enabling for Applicants' claimed invention, this reference does not and cannot anticipate Applicants' claims. Applicants request withdrawal of the rejection under §102(b).

*Zapol Does Not Teach Each and Every Limitation of Applicants' Claimed Invention*

Current claim 1 specifies that administration of the non-acidified pharmaceutically acceptable salt of nitrite is "administration is by a route whereby the pharmaceutically-acceptable salt of nitrite contacts blood in the subject..." This is supported throughout Applicants' specification, including for instance at page 9, lines 12-19; and page 16, lines 10-13.

Zapol's teachings explicitly prohibit allowing NO to come in contact with hemoglobin. Zapol unambiguously states that "Because hemoglobin rapidly combines with NO, rendering it unavailable to relax smooth muscle, the biological fluid [into which NO or a source of NO is introduced] **cannot** be blood and preferably contains no more than trace amounts of red cells." (Zapol at page 2, lines 27-31; emphasis added.) See also page 4, lines 17-18 (limiting the Zapol technology to contact with "a biological fluid which is not blood"). Even at the very section of the reference the Office relies upon to allege that "inorganic nitrite" is taught by Zapol, it is clearly stated that the "Organs appropriate for treatment with the methods and devices of the [Zapol] invention are ones... bathed with a **non-blood biological fluid**... which fluid preferably contains no more than trace amounts of red blood cells." (Page 17, lines 2-8; emphasis added.) Thus, nowhere does Zapol teach any method for treating a subject that involves "administration is by a route whereby the pharmaceutically-acceptable salt of nitrite contacts blood in the subject..." It is noted that Applicants' invention **requires** interaction of the applied nitrite with blood (see claim 1 as submitted herewith, stating "the administration is by a route whereby the pharmaceutically-acceptable salt of nitrite contacts blood in the subject..."). Thus, Zapol **explicitly teaches away** from Applicants' invention and cannot even serve as the basis for an obviousness rejection.

Given that Zapol does not teach all of the limitations of Applicants' currently claimed invention (and indeed explicitly teaches away from it), this reference does not and cannot anticipate Applicants' claims. Applicants request withdrawal of the rejection under §102(b).

Finally, claims 1 and 9 have been amended herein to remove “intraocular” from the currently claimed routes of administration. Thus, the only route Zapol possibly provides for administering any compound (that is, introduction into a non-blood fluid in a hollow organ) is outside of the scope of Applicants’ current claims. For this reason as well, the anticipation rejection cannot be maintained.

Applicants request that the rejection under §102(b) be withdrawn in view of the above comments and amendments made herein.

### **Rejection under 35 U.S.C. §103(a)**

Claims 1-15, 20-23, 29-32, 39 and 40 were rejected as allegedly obvious over Zhang *et al.* (1994) (“Zhang”) in view of Modin *et al.* (2001) (“Modin”), and in view of Nachtsheim (1998) with respect to claims 13-15. Applicants traverse, both for the reasons previously made of record and as follows.

#### *The Office has not Properly Established a Prima Facie Case of Obviousness*

Applicants respectfully submit that Zhang, Modin and Nachtsheim fail to satisfy the requirements for a finding of obviousness of claims 1-15, 20-23, 29-32, 39 and 40, in accordance with the requirements of the “Examination Guidelines for Determining Obviousness Under 35 U.S.C. § 103 in View of the Supreme Court Decision in *KSR International Co. v. Teleflex Inc.*” (72 Fed. Reg. 57526-57535, October 10, 2007) (the “Guidelines”). In *Graham v. John Deere Co. of Kansas City*, 383 U.S. 1 at 17-18 (1966), the Supreme Court set out the following objective framework for applying the statutory language of §103:

“Under §103, the scope and content of the prior art are to be determined; differences between the prior art and the claims at issue are to be ascertained; and the level of ordinary skill in the pertinent art resolved. Against this background the obviousness or nonobviousness of the subject matter is determined. Such secondary considerations as commercial success, long felt but unsolved needs, failure of others, etc., might be utilized to give light to the circumstances surrounding the origin of the subject matter sought to be patented.”

Accordingly, the Guidelines confirm that obviousness is a question of law based on underlying factual inquiries. The factual inquiries enunciated by the Court in *Graham* are:

- (1) Determine the scope and content of the prior art;

- (2) Ascertain the differences between the claimed invention and the prior art; and
- (3) Resolve the level of ordinary skill in the pertinent art.

The Office characterizes the content of the cited references as follows: Zhang teaches the use of nitric oxide (NO) donors (that is, sodium nitroprusside and 3-morpholino-sydnominine) to increase blood flow and reduce brain damage due to focal ischemia; Modin teaches that (i) NO is derived from nitrite (citing the title of Modin) and (ii) non-acidified nitrite “has relaxatory effects similar to “acidified” nitrite” (citing figures 1, 2, and 5, and the accompanying text); and Nachtsheim teaches that the known vasodilator, sildenafil, works in conjunction with NO to enhance vasodilatory effect.

According to the Office, the only difference between the instant application and Zhang is an express teaching of non-acidified sodium nitrite in the amount of 0.6 to 240  $\mu$ M, which deficiency is allegedly cured by Modin. Further, the Office apparently alleges that the only difference between Zhang and the invention of claims 13-15 is the addition of sildenafil, which deficiency is allegedly cured by Nachtsheim.

With respect to the first and second of the *Graham* factual inquiries, Applicants respectfully submit that the Office has not properly determined the scope and content of the cited references, and because of this has overlooked important differences between the claimed invention and the cited references. Applicants further respectfully note that these differences overlooked by the Office are significant, because they dictate that there could have been no reasonable expectation that one of ordinary skill in the art could have predictably reached Applicants’ invention based on the teachings of the cited references in view of the prior art as a whole.

The Guidelines provide the following non-exclusive rationales for supporting a finding that a claimed invention is obvious (emphasis added), which rationales have subsequently been incorporated in the M.P.E.P. at § 2143:

- (A) combining prior art elements according to known methods to yield **predictable** results;
- (B) simple substitution of one known element for another to obtain **predictable** results;
- (C) use of known technique to improve similar devices (methods, or products) in the same way;

- (D) applying a known technique to a known device (method, or product) ready for improvement to yield predictable results;
- (E) “obvious to try” - choosing from a finite number of identified, **predictable** solutions, **with a reasonable expectation of success**;
- (F) known work in one field of endeavor may prompt variations of it for use in either the same field or a different one based on design incentives or other market forces if the variations would have been **predictable** to one of ordinary skill in the art; and
- (G) some teaching, suggestion, or motivation in the prior art that would have led one of ordinary skill to modify the prior art reference or to combine prior art reference teachings to arrive at the claimed invention.

The emphasis in the Guidelines is accordingly the **predictability** of the combination of elements from the prior art, as a basis for a finding that there is a reasonable expectation of success associated with a prior art combination. It is respectfully submitted that in the present case, there is **no such element of predictability in the purported combination of prior art references, and accordingly no reasonable expectation of success**. Thus, the obviousness rejections cannot stand.

As argued previously, “nitric oxide donors” (as that phrase is used in Zhang) are different from inorganic nitrites (salts), such as sodium nitrite. The only difference the Office points out between Zhang and the present invention is that Zhang does not teach non-acidified sodium nitrite in the amount of 0.6 to 240  $\mu\text{M}$ . The Office then states that this defect is cured by Modin. By doing so, the Office overlooks significant distinctions between Zhang and Modin, as well as the present invention: **“nitric oxide donors” and sodium nitrite are not equivalent substitutes for each other.**

Zhang describes use of sodium nitroprusside (SNP) and 3-morpholino-sydnominine (SIN) in experiments with rats. Applicants’ claims, and the work described by Modin, employ sodium nitrite, *i.e.*, an inorganic nitrite. Nitric oxide donors and inorganic nitrite are structurally dissimilar and they form NO in different manners. SNP and SIN release NO directly whereas sodium nitrite interacts with heme to form NO *in vivo*. In addition, and as argued previously, the molecular formulas for each are quite distinct: Sodium nitrite –  $\text{NaNO}_2$ ; SNP –  $\text{Na}_2[\text{Fe}(\text{CN})_5\text{NO}]\cdot 2\text{H}_2\text{O}$ ; and SIN –  $\text{C}_6\text{H}_{11}\text{N}_4\text{O}_2\cdot\text{Cl}$ .

The Office must provide evidence that one of ordinary skill would have had a reasonable expectation that an inorganic nitrite salt (such as sodium nitrite) is an equivalent substitute for the structurally dissimilar SNP or SIN. No such evidence is on record, nor do Applicants know of any such evidence. In fact, it was recognized in the art many years before Applicants' filing that different NO producing compounds have different effects and work by different mechanisms; see Wanstall *et al.* (*Brit. J. Pharma.* 134:463-472, 2001), a copy of which is provided herewith as Exhibit A. For instance, at the start of the last paragraph on page 470 of Wanstall *et al.*, the authors state "The data in this study have highlighted the heterogeneity in the pharmacological profiles of each of the six NO-producing agents." The authors conclude in the paragraph on page 471 as follows: "The findings of this study emphasize that one should give careful consideration to the choice of NO donor...."

The Office has concluded (at page 10 of the Final Office action) that all of these compounds are "nitric oxide progenitors", which is the "common thread that binds them together" – and that this justifies there being no structural similarity between the compounds. However, this does not place on the record any reason to believe there would have been an expectation of similar properties for these compounds. Neither Zhang nor Modin equate the activities of sodium nitrite to SNP or SIN, nor do these references teach the interchangeability of these diverse compounds. There is no art-recognized equivalence between these compounds for any purpose – and in fact the art has long recognized that different "nitric oxide donors" behave differently.

In view of this, and given the significantly different structures and different mechanisms of generating (or releasing) NO, the Office must provide evidence that one of ordinary skill would have a reasonable expectation that sodium nitrite could be used as an equivalent substitute for SNP or SIN. Contrary to the position taken by the Office, one of skill in this art would *not* have had a reasonable expectation that the inorganic nitrite of Modin could successfully substitute for the nitric oxide donors used by Zhang because (as explained below) the results of Modin are not applicable to an *in vivo* system and this too was recognized by the art at the time of Applicants' filing.

Another significant difference that has been overlooked by the Office is that the studies of Modin were conducted in aortic ring bioassays **without circulating blood**, in contrast to Applicants' methods. The Modin studies are qualitatively not different from similar work performed by Robert



Furchgott in 1952 (Furchgott & Bhadrakom, *J Pharmacol Exp Ther* 108(2):129-43, 1953; a copy of which was provided with the prior response). These experiments were all performed in **isolated aortic rings without blood in them**. As argued previously, because these studies required non-physiological conditions – extremely low oxygen tension and low pH, as well as high nitrite concentrations – they were not considered by those of skill in the art to reflect what would happen in the human circulation.

Thus, there would be no reasonable expectation that sodium nitrite as employed in Modin would predictably function in the methods provided in Zhang – that is, there was no reasonable expectation that sodium nitrite would work *in vivo* in the presence of blood. This was clearly evinced by the Lauer *et al.* paper – which clearly concluded that “**nitrite lacks intrinsic vasodilator action**” (see below and in Applicants’ prior response). One of skill in the art, prior to Applicants’ invention, would have expected that the presence of blood would have **inhibited** the NO generated from nitrite, not increased it.

It has now been clearly shown by Isbell *et al.* (*Am J Physiol Heart Circ Physiol* 293(4):H2565-72, 2007) that oxygenated blood inhibits the nitrite induced vasodilation of aortic rings; a copy of Isbell *et al.* was provided in the IDS submitted with the prior response. Thus, it is very clear that the results of *in vitro*, blood-free experiments such as described in Modin **are not applicable to an *in vivo* situation**. See also Crawford *et al.* (*Blood* 101:566-574, 2006; previously made of record in this file), where the authors conclude that their “data support a function for RBC hemoglobin as an allosterically and redox-regulated nitrite reductase whose “enzyme activity” couples hypoxia to increased NO-dependent blood flow.” (Crawford *et al.*, Abstract.)

In addition, Modin itself teaches away from Applicants’ invention. As indicated in Section 2141.02 of the MPEP, a prior art reference must be considered in its entirety, *i.e.*, as a whole, including those portions that would lead away from the claimed invention. (*W.L. Gore & Associates, Inc. v. Garlock, Inc.*, 721 F.2d 1540, 220 USPQ 303 (Fed. Cir. 1983), cert. denied, 469 U.S. 851 (1984)). Modin teaches that **acidified** inorganic nitrite is preferred, and therefore that non-acidified inorganic nitrite is **not** preferred. The clear teaching of Modin, as acknowledged in the Office’s summary of Modin, is that inorganic nitrite is a more effective vasodilator in an acidic environment as compared to a non-acidic environment. Thus, if one of ordinary skill in this art were to consult Modin in relation to

Zhang, the only potentially reasonable conclusion to draw from Zhang would be to use the “nitric oxide donor” in an acidic environment, as it is more efficient and effective.

Even if, for the sake of argument, the compound used by Modin was deemed a reasonable substitute to the compound used by Zhang (which Applicants do not admit), there is no credible support for an allegation that one of skill would have used the (allegedly) non-acidified sodium nitrite of Modin in the method of Zhang. This is more than a “mere disclosure of more than one alternative” (MPEP 2141.02), but instead is a clear teaching away that criticizes, discredits, or otherwise discourages the solution claimed by Applicant. See *In re Fulton*, 391 F.3d 1195, 1201, 73 USPQ2d 1141, 1146 (Fed. Cir. 2004).

It is respectfully submitted that in the present case, the Office has not demonstrated that one of ordinary skill in the art would have had a **predictable and reasonable expectation of success in combining the teachings of the cited references** (Zhang and Modin) to yield Applicants’ invention. Thus, the obviousness rejections cannot stand.

#### *Secondary Evidence of Non-Obviousness*

Even if the Office had generated a proper *prima facie* case of obviousness (which Applicants do not concede), secondary indicia of non-obviousness are present that refute the alleged obviousness of Applicants’ claims.

The Supreme Court recognized that “when the prior art teaches away from combining certain known elements [in the prior art], discovery of a successful means of combining them is more likely to be non-obvious.” *KSR International Co. v. Teleflex, Inc.*, 550 U.S. \_\_\_\_ (2007) p. 12 citing *United States v. Adams*, 383 U.S. 39, 51-52 (1966). Indeed, “[k]nown disadvantages... which would naturally discourage search for new inventions may be taken into account in determining obviousness.” *United States v. Adams*, 383 U.S. 39, 52, 148 USPQ 479, 484 (1966). These principles are embodied in Section 2145(X)(D)(3) of the MPEP, which explicitly recognizes that “proceeding contrary to accepted wisdom in the art is evidence of nonobviousness. *In re Hedges*, 783 F.2d 1038, 228 USPQ 685 (Fed. Cir. 1986).”

The instant case is a classic example of “proceeding contrary to accepted wisdom in the art” because (as previously noted) the art prior to Applicants’ invention taught that **inorganic nitrite (particularly sodium nitrite) did not have a vasodilatory effect *in vivo***. Art available as of the priority date of the present application taught that administration of pharmaceutical levels of nitrite to human subjects *in vivo* did not induce vasodilation and/or increase blood flow. This is discussed, for instance, at page 2, lines 4-13 and page 21, lines 29-33 of the present specification.

Because of the low potency of nitrite in aortic rings without acidification (see, *e.g.*, Modin and Furchgott), and the effects of blood on inhibiting NO, the state of the art as of the priority date of Applicants’ filing was that nitrite was not a vasodilator in the human circulation system, particularly at concentrations less than 240  $\mu\text{M}$ . This is made abundantly clear in the Lauer study (Lauer *et al.*, *PNAS* 98:12814-12819, 2001), which was discussed with the Examiner during the prior interview. Even the title of the Lauer study claims that “nitrite lacks intrinsic vasodilator action.” On page 12816, at the bottom right paragraph, the authors indicate: “Intraarterial application of nitrite was found to be devoid of vasodilator activity at doses up to 36  $\mu\text{M}$ /minute. Venous plasma nitrite concentrations achieved at the highest dose level exceeded 130  $\mu\text{M}$  and were thus approximately 200 times greater than the concentrations measured during maximal eNOS stimulation with Ach.” On page 12818 at the bottom right, the authors further claim: “The complete lack of vasodilator activity of intraarterial infusion of nitrite clearly rules out any role for this metabolite in NO delivery.”

Further, Lauer *et al.* concluded that “[i]ntraarterial application of nitrite ( $\text{NaNO}_2$  in 0.9% saline) was found to be devoid of vasodilator activity at doses up to 36  $\mu\text{mol}/\text{min}$  (tested range: 0.01-36  $\mu\text{mol}/\text{min}$ ;  $n = 3$ )” (Lauer at page 12816, right column, last paragraph). Similarly, Rassaf concluded that “...the application of exogenous nitrite and nitrate at doses equimolar to those of NO did not exert dilation at all...” (Rassaf *et al.*, *J. Clin. Invest.*, 109:1241-1248, 2002, at page 1245, 1<sup>st</sup> column, 2<sup>nd</sup> paragraph). (Copies of both Lauer and Rassaf were previously made of record in this file.)

Thus, one of skill in the art reading Lauer, Rassaf and Modin, would conclude that **aortic ring bioassays** are a poor system to use to study or characterize the *in vivo* vasodilatory effects of sodium nitrite – because the *in vitro* aortic ring bioassays lack blood (and particularly heme), they are not predictive of the *in vivo* situation.

Further, based on the *in vivo* teachings of Lauer and Rassaf related to inorganic nitrite and vasodilation, the skilled artisan would not have expected sodium nitrite to have any beneficial therapeutic effect when administered (for instance by injection or inhalation) to a subject to induce vasodilation or increase blood flow, regardless of the *in vitro* results in rat aorta provided by Modin. This was the accepted state of the art of the field at the time of Applicants' filing. This is evidenced further by Applicants' research corresponding to the subject application having been published in *Nature Medicine* – such publication **requires** that the research be new for it to be published.

Applicants also note that there was strong resistance in the art to their work, approaching the level of ridicule by others in the field – reflective of there being absolutely nothing obvious about Applicants' invention. See, for instance, the set of Letters to the Editor published in *The New England Journal of Medicine* on July 24, 2003 (349:402-405; provided to the Office previously), comment on Applicants' earlier work (Schechter & Gladwin, *N Engl J Med* 348:1483-1485, 2003). By way of example, McMahon (at page 403) indicates "The suggestion that nitrite (at native concentrations) causes vasodilation in humans has been refuted experimentally" (Citing Rassaf *et al.*, 2002). See also Pawlowski (at page 403), which states that "the latter [nitrite ions] has been shown to lack vasoactivity under physiologic conditions" (citing Lauer *et al.*, 2001). It is clear on the record that those of ordinary (and expert) skill in the art **did not consider sodium nitrite, or any other inorganic nitrite salt, to have *in vivo* vasodilatory activity.**

Given the above arguments (and those made in the prior response), Applicants assert that the combination of Zhang and Modin does not make the present invention obvious. These references do not provide any reasonable expectation to one of ordinary skill that they could carry out Applicants' invention.

Applicants previously argued that the Lauer *et al.* and other references teach away from sodium nitrite having a vasodilatory effect *in vivo*. In response, the Office notes that

"if the examiner were to agree with this line of reasoning then an enablement rejection would be forthcoming. Since Lauer *et al.* teach the same concentrations as instantly claimed then how can Lauer *et al.* state that nitrite lacks intrinsic vasodilatory action and yet applicants claims vasodilatory action? The skepticism appears to be over native

concentrations of nitrite but applicant is claiming up to 240 micromolar which is orders of magnitude above maximal eNOS production....”

Applicants respectfully submit that one of the central teachings of the Lauer *et al.* reference is that sodium nitrite has no vasodilatory action *in vivo*. This difference between the teachings of Lauer *et al.* and Applicants’ claimed invention is the very reason the Lauer *et al.* reference is indicative of the non-obviousness of applicants’ invention. Indeed, in any situation where one is “proceeding contrary to conventional wisdom,” it is nearly certain that the prior art contains contrary teachings. Establishing *why* Lauer *et al.* (and the “conventional wisdom” in the field) were of the opinion that non-acidified sodium nitrite had no vasodilatory effect *in vivo* is not Applicants’ burden. In regards to a possible enablement rejection, Applicants note that post-filing publications (at least some of which are already on record) unquestionably establish that sodium nitrite has vasodilatory action *in vivo*.

The Office indicates Nachtsheim teaches that the known vasodilator, sildenafil, works in conjunction with NO to enhance vasodilatory effect, and Applicants do not dispute this. However, this reference does not make up any of the failures discussed above with regard to Zhang and Modin. Without Zhang and Modin, the rejection of claims 13-15 on the basis of Nachtsheim cannot stand.

Applicants request that the rejections of claims 1-15, 20-23, 29-32, 39 and 40 as allegedly obvious be withdrawn.

### **Claims 34-37**

Applicants note that claims 34-37 specify that “the pharmaceutically-acceptable salt of nitrite is administered to a circulating concentration in the subject of” no more than about 20  $\mu\text{M}$ , about 15  $\mu\text{M}$ , or about 0.6  $\mu\text{M}$ , each which is below the 25  $\mu\text{M}$  threshold that one of ordinary skill would take as the minimum level required by Figures 1, 2, 3, and/or 4 of Modin. Though the Office attributes 10  $\mu\text{M}$  as the lowest level taught by Modin, this is at best the threshold dose - the level that is just barely perceptible. Looking at Figure 1 or Figure 2 (particularly in view of the entire Modin reference and the remaining teachings in the art at the time), one of skill in the art is unlikely to have found the effect at 10  $\mu\text{M}$  to be meaningful at all. And Figure 5 of Modin shows no NO is produced at physiological pH until the dose of sodium nitrite reaches at least 50  $\mu\text{M}$ .

In view of these distinctions (as well as the arguments presented above), claims 34-37 at least should be deemed by the Office to be non-obvious, and Applicants request acknowledgement of this in the next action.

#### **New Claim 41**

Applicants have added new claim 41, which parallels claim 1 in scope but is limited to “administering a non-acidified... salt of nitrite for a sufficient period of time to reach a circulating concentration in blood of the subject of no more than 20  $\mu\text{M}$ ...”. This level is below any reasonable threshold one of ordinary skill might have taken from Modin (though Applicants do not admit that Modin provides any reasonable threshold for therapeutic use of sodium nitrite). As such, this claim at least should be deemed by the Office to be non-obvious, and Applicants request acknowledgement of this in the next action.

#### **Double Patenting Rejection**

Claims 1, 6-13, 20-23, 39 and 40 are provisionally rejected on the ground of nonstatutory obviousness-type double patenting as allegedly these claims are unpatentable over claims 1-7 and 9-15 of copending Application No. 10/563,683. Without admitting to the properness of this rejection, Applicants ask that it still be held in abeyance until the claims of one case or the other are allowed. Applicants will provide the Examiner with copies of any prosecution documents from Application No. 10/563,683 on request, though the prosecution documents are available on PAIR.

#### **Request for Rejoinder**

Based on the Restriction Requirement dated December 12, 2007, Applicants note that claims 1-15 are linking claims across the three Groups assigned by the examiner. Thus, the requirement for restriction to one of the linked Groups is subject to the non-allowance of linking claims 1-15. Once any of the linking or bridging claims is found to be allowable, the currently withdrawn claims of other Groups (Group I – claims 16, 18, and 24-28 (and claims 33-36); and Group II – claims 17 and 19) will be recombined and examined in the subject case. Such action is respectfully requested.

Similarly, Applicants understand that those portions of claims directed to non-elected species will be rejoined in the present application upon allowance of a claim generic for the species. Such action is respectfully requested.

**Conclusion**

In view of the foregoing, Applicants believe the pending claims are in condition for allowance, which action is courteously requested.

If any issues remain, the Examiner is formally requested to contact the undersigned prior to issuance of the next Office Action in order to arrange a telephonic interview. It is believed that a brief discussion of the merits of the present application may expedite prosecution. This request is being submitted under MPEP § 713.01, which indicates that an interview may be arranged in advance by a written request.

Respectfully submitted,

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